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On March 2, 2001

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CHANGE OF CORRESPONDENCE ADDRESS Application	Application Number	09/272,809
	Filing Date	March 19, 1999
	First Named Inventor	John Clark Lagarias
	Group Art Unit	1641
Address to: Assistant Commissioner for Patents Washington, D.C. 20231	Examiner	J. Hines
	Attorney Docket Number	407T-895200US

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I am the:

- ☐ Applicant
☐ Assignee of record of the entire interest. (Certificate under 37 CFR 3.73(b) is enclosed.)
☒ Attorney or agent of record.

Typed or Printed Name: Tom Hunter, Reg. No. 38,498

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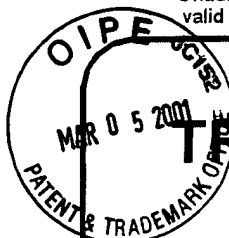
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(Modified) PTO/SB/21 (6-98)
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	Filing Date	March 19, 1999	
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	Group Art Unit	1641	
	Examiner Name	J. Hines	
Total Number of Pages in This Submission		Attorney Docket Number	407T-895200US

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	receipt acknowledgment postcard and change of correspondence address
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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Firm or Individual name	Tom Hunter Reg. No. 38,498 The Law Offices of Jonathan Alan Quine		
Signature			
Date	March 2, 2001		

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